



स्टील अथॉरिटी ऑफ इण्डिया लिमिटेड  
STEEL AUTHORITY OF INDIA LIMITED  
इस्को इस्पात संयंत्र  
IISCO STEEL PLANT

PHOTO  
GRAPH

BURNPUR HOSPITAL, SAIL – ISP, BURNPUR – 713325

PERSONAL DATA FORM (FOR TRAINEE PARAMEDICS IN .....)

(PLEASE FILL UP THE DETAILS IN CAPITAL LETTERS)

SL.NO.	Particulars	Details			
01.	NAME				
02.	AGE / GENDER (M / F )	DOB : (DD/MM/YYYY)			
03.	FATHER'S NAME				
04..	MOTHER'S NAME				
05.	PRESENT ADDRESS				
06.	PERMANENT ADDRESS				
07.	MARITAL STATUS				
08.	NATIONALITY				
09.	CATEGORY (PLEASE TICK)	GENERAL / SC / ST / OBC / PH			
10.	MOBILE/CONTACT NO.				
11	E-MAIL ID :				
12	ACADEMIC QUALIFICATION	BOARD/UNIV.	YEAR OF PASSING	SUBJECT	PERCENTAGE
	Matriculation				
	10+2 or equivalent				
	OTHERS				

.....Contd. in reverse

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13	<b>B.Sc. / Diploma Course / Technical certificate course</b>	<b>INSTITUTE/ COLLEGE/ UNIVERSITY</b>	<b>PERCENTAGE OF MARKS OBTAINED</b>	<b>NO.OF ATTEMPTS</b>
	1 <sup>st</sup> YEAR			
	2 <sup>nd</sup> YEAR			
	3 <sup>rd</sup> YEAR			

14	WHETHER HAVING ANY WORK EXPERIENCE (IN OTHER HOSPITALS)		YES / NO (PLEASE TICK)
	IF YES, PROVIDE DETAILS		

Date:

(SIGNATURE OF CANDIDATE)